

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

05

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

05

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

12

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">417217.01</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">434763.47</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">31292.92</span>	<span style="border: 1px solid black; padding: 2px;">249160.74</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">466056.39</span>	<span style="border: 1px solid black; padding: 2px;">666377.75</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">78110.43</span>	<span style="border: 1px solid black; padding: 2px;">278431.79</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">387945.96</span>	<span style="border: 1px solid black; padding: 2px;">387945.96</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
05 01 2016

To:

M M / D D / Y Y Y Y Y  
05 31 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

22924.06

173861.14

(ii) Unitemized .....

8368.86

71802.62

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

31292.92

245663.76

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

31292.92

245663.76

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

3496.98

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

31292.92

249160.74

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

31292.92

249160.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1060.43	4750.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1060.43	4750.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77000.00	271500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	2181.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50.00	2181.25
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78110.43	278431.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78110.43	278431.79

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	31292.92	245663.76
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	2181.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31242.92	243482.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1060.43	4750.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3496.98
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1060.43	1253.56

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Amended to capture donation inadvertently left off original report and to remove duplicate entry

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Janet R Albers MD, FAAFP**

Mailing Address 612 Woodbridge Rd

City

Springfield

State

IL

Zip Code

62711-5666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2016

Transaction ID : C3312004

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Andrew Martin Anthony MD**

Mailing Address 1100 Las Tablas Rd

City

Templeton

State

CA

Zip Code

93465-9704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmCare

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2016

Transaction ID : C3312880

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian L Bachelder MD, FAAFP**

Mailing Address 5151 Township Road 126

City

Mount Gilead

State

OH

Zip Code

43338-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : C3322004

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

465.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederic Baker MD

Mailing Address 32 Mark Cir

City State Zip Code  
 Holden MA 01520-1410

FEC ID number of contributing federal political committee.

C

Name of Employer

UMMHC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 06 2016

Transaction ID : C3308129

Amount of Each Receipt this Period

43.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Richard Bernard MD

Mailing Address 1926 Declaration Dr

City State Zip Code  
 Greenfield IN 46140-2762

FEC ID number of contributing federal political committee.

C

Name of Employer

Community Physicians Network

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 06 2016

Transaction ID : C3308157

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. John A Berneike MD

Mailing Address 1250 E 3900 S Ste 260

City State Zip Code  
 Salt Lake City UT 84124-1371

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Mark's Family Medicine

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 09 2016

Transaction ID : C3308954

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1408.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Reid B Blackwelder MD, FAFAP**

Mailing Address 4407 Leedy Rd

City  
Kingsport

State  
TN

Zip Code  
37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ETSU

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2016

**Transaction ID : C3316549**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mott Parks Blair MD, FAFAP**

Mailing Address 411 E Westbrook St

City  
Wallace

State  
NC

Zip Code  
28466-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

05 / 19 / 2016

**Transaction ID : C3318050**

Amount of Each Receipt this Period

112.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Julia Lett Boothe MD, MPH, F**

Mailing Address 108 4th Ave  
Ste A

City  
Reform

State  
AL

Zip Code  
35481-8018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

Familty Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2016

**Transaction ID : C3308123**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

577.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rachelle Idena Brilliant DO**

Mailing Address 20 Widgeon Way

City

Waterford

State

NY

Zip Code

12188-3406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Care Physicians

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 26 / 2016

Transaction ID : C3321905

Amount of Each Receipt this Period

165.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David Kris Bucher MD, FAAFP**

Mailing Address 1409 Franklin Ave SE  
6126163401

City

Minneapolis

State

MN

Zip Code

55414-3650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Family Medicine

Occupation

Physician/Faulty/CMO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 14 / 2016

Transaction ID : C3316545

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Martin J Christensen MD, FAAFP**

Mailing Address 818 W Havens Ave

City

Mitchell

State

SD

Zip Code

57301-3830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 09 / 2016

Transaction ID : C3312000

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

895.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven A Crawford MD, FAAFP**

Mailing Address 900 Ne 10Th St

City	State	Zip Code
Oklahoma City	OK	73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	19	/	2016

**Transaction ID : C3318052**

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dale Culver**

Mailing Address 24206 W 68th St

City	State	Zip Code
Shawnee	KS	66226-3539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAFP

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	06	/	2016

**Transaction ID : C3308154**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sachin Narendra Dixit MD**

Mailing Address 917 Windmere Ct

City	State	Zip Code
Darien	IL	60561-3869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	06	/	2016

**Transaction ID : C3308174**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1166.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wanda D Filer MD, MBA, F**

Mailing Address 510 Aqua Ct

City

State

Zip Code

York

PA

17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Strategic Health Institute

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2016

**Transaction ID : C3340073**

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lynn R Fisher MD, FAAFP**Mailing Address 1210 N Washington St  
PO Box 407

City

State

Zip Code

Plainville

KS

67663-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Lifeline Family Medicine

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

**Transaction ID : C3308158**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bryan William Ghiloni MD**

Mailing Address 1034 Sugar Hill Pl

City

State

Zip Code

Gahanna

OH

43230-3848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mount Carmel Medical Group

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2016

**Transaction ID : C3309416**

Amount of Each Receipt this Period

365.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1080.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James M Gill MD, MPH, F**

Mailing Address 17 Henderson Hill Rd

City

Newark

State

DE

Zip Code

19711-5958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine at Greenhill

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 14 / 2016

**Transaction ID : C3316519**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dennis Lynn Gingrich MD**

Mailing Address 500 University Dr

City

Hershey

State

PA

Zip Code

17033-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2016

**Transaction ID : C3308745**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ravi P Grivois-Shah MD, FAAFP**

Mailing Address 3858 E Edison Pl

City

Tucson

State

AZ

Zip Code

85716-2950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Banner Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2016

**Transaction ID : C3317146**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

980.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carletta Hauck**

Mailing Address 3912 Golf Course Rd

City

Watertown

State

SD

Zip Code

57201-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SD AFP

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 06 / 2016

**Transaction ID : C3308175**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Deborah Gene Haynes MD, FAAFP**

Mailing Address 3009 N Cypress St

City

Wichita

State

KS

Zip Code

67226-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Via Christi Reg. Med. Ctr.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 04 / 2016

**Transaction ID : C3306295**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lori J Heim MD, FAAFP**

Mailing Address 250 Hollybrook Farm Ln

City

Vass

State

NC

Zip Code

28394-8952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

05 / 09 / 2016

**Transaction ID : C3311985**

Amount of Each Receipt this Period

630.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1995.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel J Heinemann MD, FAAFP**

Mailing Address PO BOX 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

05 / 07 / 2016

Transaction ID : C3308900

Amount of Each Receipt this Period

209.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Jeffrey J Hoffmann DO, FAAFP**

Mailing Address 1223 Acre St

City

Guttenberg

State

IA

Zip Code

52052-9574

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2016

Transaction ID : C3311900

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Beulette Y Hooks MD, FAAFP**

Mailing Address 7286 E Wynfield Loop

City

Midland

State

GA

Zip Code

31820-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DOD

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 26 / 2016

Transaction ID : C3321904

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1074.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Tochi I L Iroku-Malize MD, MPH, M**

Mailing Address PO Box 369

City State Zip Code  
Islip NY 11751-0369

FEC ID number of contributing federal political committee.

C

Name of Employer

Northwell Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 06 2016

Transaction ID : C3308126

Amount of Each Receipt this Period

215.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Elizabeth Garamendi Kann MD**

Mailing Address 14216 State Highway 160

City State Zip Code  
Walnut Grove CA 95690-9741

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 04 2016

Transaction ID : C3306293

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Russell Wade Kohl MD, FAAFP**

Mailing Address 18005 Canterbury Dr

City State Zip Code  
Stilwell KS 66085-9334

FEC ID number of contributing federal political committee.

C

Name of Employer

TME Health Quality Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 06 2016

Transaction ID : C3308149

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

965.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 17 OF 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Katherine R Lichtenberg DO, MPH, F

Mailing Address 601 Nirk Ave

City

Kirkwood

State

MO

Zip Code

63122-5626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anthem

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

Transaction ID : C3307830

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Geoffrey L Loman MD

Mailing Address 168 N Brent St Ste 502

City

Ventura

State

CA

Zip Code

93003-2840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brent Street Family Practice

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

Transaction ID : C3306274

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. John S Meigs MD, FAFAP

Mailing Address PO Box 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : C3321985

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph S Miller MD, FAAFP

Mailing Address PO BOX 797

City

Lexington

State

NE

Zip Code

68850-0797

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2016

Transaction ID : C3311998

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anne M Montgomery MD, MBA, F

Mailing Address 39000 Bob Hope Dr

City

Rancho Mirage

State

CA

Zip Code

92270-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 06 / 2016

Transaction ID : C3308131

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Dale C Moquist MD, FAAFP

Mailing Address 700 Skyline

City

Horseshoe Bay

State

TX

Zip Code

78657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2016

Transaction ID : C3327033

Amount of Each Receipt this Period

91.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1341.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carl Raymond Olden MD, FAAFP**

Mailing Address 311 S 72Nd Ave Ste 100

City

Yakima

State

WA

Zip Code

98908-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2016

**Transaction ID : C3308902**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Javette C Orgain MD, MPH, F**

Mailing Address Po Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vitas Innovative Hospice

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2016

**Transaction ID : C3305768**

Amount of Each Receipt this Period

135.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lauren Denee Oshman MD, MPH, F**

Mailing Address 2817 Birchwood Ave

City

Wilmette

State

IL

Zip Code

60091-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NorthShore University HealthSystem

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2016

**Transaction ID : C3308910**

Amount of Each Receipt this Period

370.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

605.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tomas P Owens MD, FAAFP**

Mailing Address 3500 NW 56th St  
Ste 100

City State Zip Code  
Oklahoma City OK 73112-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2016

**Transaction ID : C3308156**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kent A Petrie MD**

Mailing Address Po Box 1142

City State Zip Code  
Avon CO 81620-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2016

**Transaction ID : C3321977**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Larry Pheifer MD**

Mailing Address 210 Green Bay Rd

City State Zip Code  
Thiensville WI 53092-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2016

**Transaction ID : C3309418**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

980.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeremy J Presley MD**

Mailing Address 1306 University Dr

City

Dodge City

State

KS

Zip Code

67801-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2016

**Transaction ID : C3309422**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Soujanya R Pulluru MD**

Mailing Address 3908 Littlestone Cir

City

Naperville

State

IL

Zip Code

60564-5915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dupage Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2016

**Transaction ID : C3313168**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. William E Raduege MD**

Mailing Address PO Box 553

City

Woodruff

State

WI

Zip Code

54568-0553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William E Raduege, MD, SC (Corporation

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		26		2016

**Transaction ID : C3321901**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1230.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Kevin Rakotz MD, FAAFP**

Mailing Address 8 E Randolph St  
8476604075

City State Zip Code  
Chicago IL 60601-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMA and NORTHWESTERN MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 05 / 2016

**Transaction ID : C3308059**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Kevin Rakotz MD, FAAFP**

Mailing Address 8 E Randolph St  
8476604075

City State Zip Code  
Chicago IL 60601-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMA and NORTHWESTERN MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2016

**Transaction ID : C3308909**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Lee P Ralph MD**

Mailing Address 6699 Alvarado Rd  
Ste 2100

City State Zip Code  
San Diego CA 92120-5238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SD Sports Medicine and Family Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 09 / 2016

**Transaction ID : C3309417**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

615.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marie-Elizabeth Ramas MD**

Mailing Address 9 Colburn Ln

City

Hollis

State

NH

Zip Code

03049-6285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lamprey Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

05 / 05 / 2016

**Transaction ID : C3307761**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marie-Elizabeth Ramas MD**

Mailing Address 9 Colburn Ln

City

Hollis

State

NH

Zip Code

03049-6285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lamprey Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

05 / 20 / 2016

**Transaction ID : C3318948**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Daniel H Reiffenberger MD, FAFAP**

Mailing Address 4100 Golf Course Rd

City

Watertown

State

SD

Zip Code

57201-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 09 / 2016

**Transaction ID : C3312001**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

830.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sarah A Reiffenberger MD, FAAFP**

Mailing Address 4100 Golf Course Rd

City

Watertown

State

SD

Zip Code

57201-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 09 / 2016

**Transaction ID : C3312002**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sarah L Sams MD, FAAFP**

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 06 / 2016

**Transaction ID : C3308132**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Howard Andrew Selinger MD**

Mailing Address 4 Northridge Dr

City

Burlington

State

CT

Zip Code

06013-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 26 / 2016

**Transaction ID : C3321980**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

665.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Niranjan M Selvarajah MD**

Mailing Address 100 King Fisher Ln

City

New Hartford

State

NY

Zip Code

13413-3521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 09 / 2016

**Transaction ID : C3311989**

Amount of Each Receipt this Period

550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Douglas Alan Spotts MD, FFAFP**

Mailing Address 45 Forestwood Dr

City

Lewisburg

State

PA

Zip Code

17837-6213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evangelical Community Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 06 / 2016

**Transaction ID : C3308125**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Diane Marie Steere MD**

Mailing Address 936 N Stratford Ln

City

Wichita

State

KS

Zip Code

67206-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81.10

Date of Receipt

05 / 19 / 2016

**Transaction ID : C3318056**

Amount of Each Receipt this Period

40.55

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1090.55

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Linda Gonzales Stogner MD, FAFPF**

Mailing Address PO BOX 807

City

State

Zip Code

Estancia

NM

87016-0807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Presbyterian Medical Services

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2016

Transaction ID : C3313304

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Windel Stracener MD, FAFPF**

Mailing Address 1333 Hunters Pointe Dr

City

State

Zip Code

Richmond

IN

47374-7184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Wayne County Health Department

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

Transaction ID : C3306279

Amount of Each Receipt this Period

218.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Windel Stracener MD, FAFPF**

Mailing Address 1333 Hunters Pointe Dr

City

State

Zip Code

Richmond

IN

47374-7184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Wayne County Health Department

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

972.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2016

Transaction ID : C3308151

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

683.19

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Glen R Stream MD, FAFAP**

Mailing Address 45280 Seeley Dr

City State Zip Code  
La Quinta CA 92253-6834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2016

**Transaction ID : C3306280**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David Ethan Swee MD, FAFAP**

Mailing Address 675 Hoes Ln W # R-114

City State Zip Code  
Piscataway NJ 08854-8021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2016

**Transaction ID : C3312329**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Erica Williams Swegler MD, FAFAP**

Mailing Address 4104 Harcourt Dr

City State Zip Code  
Austin TX 78727-5940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2016

**Transaction ID : C3316978**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tina Louise Tanner MD**

Mailing Address 5181 Forrest St

City

Montague

State

MI

Zip Code

49437-9345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health Partners

Occupation

Family Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2016

**Transaction ID : C3308124**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael P Temporal MD, FAFAP**

Mailing Address 717 Beartooth Cir

City

Laurel

State

MT

Zip Code

59044-9665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Billings Clinic

Occupation

Family Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

**Transaction ID : C3320838**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John Sison Tipton MD**

Mailing Address 2802 Hackney Way

City

Jamestown

State

NC

Zip Code

27282-8642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2016

**Transaction ID : C3311997**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

772.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Patricia Conlan Trantham MD**

Mailing Address 4769 Live Oak Canyon Rd

City State Zip Code  
 La Verne CA 91750-2319

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2016

Transaction ID : C3318947

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lloyd Van Winkle MD, FAFAP**Mailing Address 409 Madrid St  
Po Box 960

City State Zip Code  
 Castroville TX 78009-4527

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Medina Valley Family Practice

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2016

Transaction ID : C3305043

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kevin S Wang MD, FAFAP**

Mailing Address 158C 22nd Ave

City State Zip Code  
 Seattle WA 98122-6036

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Swedish Medical Center

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2016

Transaction ID : C3320839

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

515.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert L Wergin MD, FAAFP**

Mailing Address 10500 W A St

City

Lincoln

State

NE

Zip Code

68532-9183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Health Care

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 06 / 2016

**Transaction ID : C3308148**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard Andre Wherry MD, FAAFP**

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Health

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 18 / 2016

**Transaction ID : C3327036**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kim K Yu MD, FAAFP**

Mailing Address 26030 Island Lake Dr

City

Novi

State

MI

Zip Code

48374-2161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

447.00

Date of Receipt

05 / 18 / 2016

**Transaction ID : C3317373**

Amount of Each Receipt this Period

41.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1791.00

22924.06

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2016

Transaction ID : D173386

Amount of Each Disbursement this Period

4.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2016

Transaction ID : D173387

Amount of Each Disbursement this Period

9.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2016

Transaction ID : D173388

Amount of Each Disbursement this Period

118.17

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

132.09

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 09 2016

Transaction ID : D173389

Amount of Each Disbursement this Period

3.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 11 2016

Transaction ID : D173713

Amount of Each Disbursement this Period

77.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 13 2016

Transaction ID : D173714

Amount of Each Disbursement this Period

3.25

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

83.74



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2016

Transaction ID : D173715

Amount of Each Disbursement this Period

26.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2016

Transaction ID : D173716

Amount of Each Disbursement this Period

3.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2016

Transaction ID : D173717

Amount of Each Disbursement this Period

1.63

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.37

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2016

Transaction ID : D173718

Amount of Each Disbursement this Period

9.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2016

Transaction ID : D173719

Amount of Each Disbursement this Period

15.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2016

Transaction ID : D173720

Amount of Each Disbursement this Period

14.63

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

39.44

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2016

Transaction ID : D173721

Amount of Each Disbursement this Period

3.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2016

Transaction ID : D173722

Amount of Each Disbursement this Period

3.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2016

Transaction ID : D173723

Amount of Each Disbursement this Period

7.95

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

14.45

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

#### A. Bank Of America Merchant Services

Date of Disbursement

Mailing Address WA2-505-01-40  
PO Box 2485

City	State	Zip Code
Spokane	WA	99210-2485

Transaction ID : D173385

Purpose of Disbursement	Bank card processing fee

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

759.34

 Memo Item

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

 Memo Item

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

 Memo Item

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional).....

759.34

**TOTAL** This Period (last page this line number only).....

1060.43

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. AmeriPAC: The Fund for a Greater America**

Mailing Address 499 S. CAPITOL ST. S.W. #414

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Steny Hoyer**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: MD District: 05Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2016

**Transaction ID : D173194**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LEADERSHIP FOR TODAY AND TOMORROW**Mailing Address 625 3rd St NE  
Apt 2City  
WashingtonState  
DCZip Code  
20002-4942Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep Xavier Becerra**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 34Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2016

**Transaction ID : D173235**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ALAN LOWENTHAL FOR CONGRESS**

Mailing Address 6380 WILSHIRE BLVD., #1612

City  
LOS ANGELESState  
CAZip Code  
90048Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Alan Lowenthal**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 47Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2016

**Transaction ID : D173237**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BILLY LONG FOR CONGRESS**

Mailing Address 3246 E RIDGEVIEW ST

City	State	Zip Code
SPRINGFIELD	MO	65804

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Billy Long**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : D173617**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BRAD ASHFORD FOR CONGRESS**

Mailing Address PO BOX 24023

City	State	Zip Code
OMAHA	NE	68124

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Brad Ashford**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

**Transaction ID : D173200**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DENNY HECK FOR CONGRESS**

Mailing Address PO BOX 235

City	State	Zip Code
OLYMPIA	WA	98507

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Denny Heck**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : D173612**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ENGEL FOR CONGRESS**

Mailing Address 462 California Road

City	State	Zip Code
Bronxville	NY	10708

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Eliot L. Engel**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : D173621**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. Box 44369

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Erik Paulsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

**Transaction ID : D173198**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM CLYBURN**

Mailing Address PO BOX 12567

City	State	Zip Code
COLUMBIA	SC	29211

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. James E. Clyburn**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

**Transaction ID : D173238**

Amount of Each Disbursement this Period

5000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. SCHAKOWSKY FOR CONGRESS**

Mailing Address PO Box 5130

City	State	Zip Code
Evanston	IL	60204-5130

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Jan Schakowsky

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : D173234

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COURTNEY FOR CONGRESS**

Mailing Address PO Box 1372

City	State	Zip Code
Vernon	CT	06066-7372

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Joe Courtney

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : D173199

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LARSON FOR CONGRESS**

Mailing Address 330 Main St

City	State	Zip Code
Hartford	CT	06106-1860

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. John B. Larson

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : D173197

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. JOHN LEWIS FOR CONGRESS**

Mailing Address P.O. BOX 2323

City	State	Zip Code
ATLANTA	GA	30301

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. John Lewis

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

Transaction ID : D173616

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MOOLENAAR FOR CONGRESS**

Mailing Address 5915 EASTMAN AVENUE

City	State	Zip Code
MIDLAND	MI	48640

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. John Moolenaar

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : D173229

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. YODER FOR CONGRESS**

Mailing Address P.O. Box 26742

City	State	Zip Code
Overland Park	KS	66225

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Kevin Yoder

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : D173191

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. BUCSHON FOR CONGRESS**

Mailing Address PO Box 250

City	State	Zip Code
Newburgh	IN	47629

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Larry Bucshon

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2016

Transaction ID : D173190

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Mailing Address 6 E Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Lucille Roybal-Allard

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : D173620

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS INC.**

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Marsha Blackburn

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2016

Transaction ID : D173192

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Michael C. Burgess**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : D173613**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Mike Thompson**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

**Transaction ID : D173193**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TIBERI FOR CONGRESS**Mailing Address 2931 E Dublin Granville Road  
Ste 2000

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Pat Tiberi**

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : D173622**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S PROVIDENCE ROAD

City MEDIA	State PA	Zip Code 19063
---------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Patrick Meehan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : D173614**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMMY FOR ILLINOIS**

Mailing Address PO Box 10793

City Chicago	State IL	Zip Code 60610-0793
-----------------	-------------	------------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Tammy Duckworth**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : D173619**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PRICE FOR CONGRESS**

Mailing Address P.O. Box 425

City Roswell	State GA	Zip Code 30077
-----------------	-------------	-------------------

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Tom Price**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

**Transaction ID : D173196**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. HURD FOR CONGRESS**

Mailing Address PO BOX 761029

City	State	Zip Code
SAN ANTONIO	TX	78245

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Will Hurd**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : D173629**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican MainStreet Partnership PAC**Mailing Address 1220 L St NW  
Ste 100-263

City	State	Zip Code
Washington	DC	20005-4018

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : D173615**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City	State	Zip Code
DENVER	CO	80201

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Michael Bennet**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

**Transaction ID : D173195**

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. WYDEN FOR SENATE**

Mailing Address 232 NE 9TH AVENUE

City	State	Zip Code
PORTLAND	OR	97232

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Ron Wyden**

Office Sought:	House
	<input checked="" type="checkbox"/> Senate
	President

State: OR District: 00

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

**Transaction ID : D173236**

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROY BLUNT**

Mailing Address P.O. BOX 50100

City	State	Zip Code
SPRINGFIELD	MO	65805

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Roy Blunt**

Office Sought:	House
	<input checked="" type="checkbox"/> Senate
	President

State: MO District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

**Transaction ID : D173626**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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77000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr. Nelson Kent Henry MD**

Mailing Address 10620 Spotsylvania Ave

City	State	Zip Code
Fredericksburg	VA	22408-2637

Purpose of Disbursement  
Partial refund of 5/09/16 contibution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
05		16		2016

Transaction ID : D173814

Amount of Each Disbursement this Period

50.00
-------

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50.00

50.00